

Mrs Janet Barlow

# Rosebery House

## Inspection report

2-4 Rosebery Terrace  
Barnsley  
South Yorkshire  
S70 1JE

Tel: 01226292680

Date of inspection visit:  
14 September 2017

Date of publication:  
27 October 2017

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Roseberry House is a residential care home in Barnsley providing care for up to six people over the age of 18 who are living with mental health needs. Six people were living at the service at the time of the inspection. The home is made up of two terraced houses with three people in each and there is a shared back garden.

At the last inspection, the service was rated good.

At this inspection we found the service remained good.

Mrs Janet Barlow is registered as an individual. The individual is the 'registered person'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff knew how to keep people safe, with knowledge of the safeguarding procedures and individual risk assessments to support people's safety.

Staffing levels were supportive of people's needs whilst promoting their independence. The service did not have staff present during the evening and overnight, although there was a responsive on-call system to contact staff at any time.

Staff were confident in their knowledge of individual people and the support they needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Food and drink was based upon people's individual needs and people's independence was promoted well. People enjoyed mealtimes and shared responsibility for preparing meals and eating together.

People were respected and staff were respectful of their privacy and dignity. Staff involved people fully in all discussions about their care and support. Interactions with people were kind and supporting, with evidence of good relationships in a happy and relaxed homely environment.

There was clear evidence of person-centred care. People's routines and preferences were respected and there were close links between people's families where appropriate and the service. Care records contained individual detail about people's needs and this matched what staff told us.

The registered person was visible in the service and communication was open, honest and transparent. Staff fully understood their roles and responsibilities. Systems and processes for ensuring the quality of the service were effectively in place.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well led.

# Rosebery House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

This inspection took place on 14 September 2017 and was announced. We announced the inspection because the service is small and we needed to be sure people would be in. There was one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We gathered information before the inspection from notifications, liaising with other stakeholders and reviewing the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the registered person, two support workers and five people who used the service. Following the visit, we contacted two people's relatives by telephone to gather their views about the service. We reviewed three staff files, three people's care records and documentation to show how the service was run.

# Is the service safe?

## Our findings

People told us they felt safe living at Rosebery House. Comments from people included:- "Yes. Staff are on call and there are numbers I need by the phone", "I do feel safe here. Where I lived before I was bullied, It's much better here", "I like it here I feel safe", "Staff are here until 3.00 after that I can call if I need them", "The staff are there when I need them", "We have lots of fire drills, it's the law. We had a fire here about five years ago". The registered person told us there had been a fire in the home many years ago and they had learned lessons from this, including reinforcing the no smoking policy.

One relative told us, "I know [my family member] worries about a resident who smokes when the staff are out and drops ash on the carpet, the smoke affects [my relative's] health". Staff we spoke with said smoking was only allowed outside and we saw a designated area in use. We spoke with one person whilst they used the designated area and they were clear about the no smoking indoors policy. People who did not smoke said they would immediately alert a member of staff if this house rule was broken. We saw evidence of three-monthly fire meeting discussions with people to remind them about fire safety and the registered provider told us this was closely monitored.

Staff and people at Rosebery House understood what to do in the event of an emergency, with clear information for who to contact out of hours. People told us what they would do if they heard the fire alarm and said they practiced fire drills regularly. Fire safety measures were in place and staff knew people's personal emergency evacuation plans. The premises were well maintained with documented checks of premises and equipment. We noted however, the hot water in one of the bathrooms was not at a safe temperature and the provider promptly attended to this.

Risks to people were documented and staff understood how to support people whilst enabling them to independently keep themselves safe. Where people's behaviour may challenge them or others, staff understood positive strategies to reduce any risks. The provider told us there had been no incidents or accidents since 2015 although there was a system for recording and reporting these.

People were involved in safe and robust recruitment procedures to ensure staff's suitability. Staffing numbers and the skill mix of staff was ensured through assessment of people's needs and level of dependency. The service provided 24 hour staff support if needed, but staff were not present during the evening and night times. Outside of staff attendance times there was an on-call system which people used. The provider told us staffing levels were continuously monitored and flexible according to the identified needs of people. Staff teams were rotated on a six monthly basis to ensure all staff were objective in their approach.

One relative commented, "I'm concerned that staff are only there until 3.00pm. [My family member] has phoned me twice at night when they have been ill and I have had to ring the ambulance". We asked the provider about this and they said each person's dependency was assessed and there was a risk assessment in place regarding independence in the home. They said people found staff's constant presence a hindrance to their independence and they did not require staff to be fully present, only available on call. People we spoke with said they could call staff at any time and they enjoyed being able to live as independently as

possible.

Staff had a clear understanding of how to identify concerns and the procedures to follow to safeguard people. Staff received regular local safeguarding training and contact numbers for safeguarding procedures were readily accessible.

People received their medicines when they needed them and there were methodical, robust procedures for managing this safely. Staff confidently explained their responsibilities in managing medicines and staff competence was checked to ensure safe practice. People told us, "Staff give it in the morning, I take it myself at night", "Staff give me medication; it's locked in the pantry."

The service was very clean and there were controls in place to minimise the spread of infection, such as thorough cleaning regimes and the use of staff personal protective equipment. One person said, "The staff and the residents share the cleaning, I tidy up in the morning before [the staff] come in."

# Is the service effective?

## Our findings

People's comments included, "Staff support me, they take me to appointments when I need them to" and "They know what they're doing, they have all the right skills."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There was no one deprived of their liberty at Rosebery House.

People's consent to care and treatment was always sought, in line with the law and guidance. Staff emphasised people made their own decisions and the provider confirmed there was no one living at the service who lacked capacity.

Induction for new staff included shadowing opportunities and completion of training in Skills for Care. There was emphasis on the organisation's philosophy of treating every person as an individual and new staff we spoke with said the values of the service were promoted from the start. Supervision meetings were regularly in place. Staff training was regularly completed and updated to ensure people received effective care from skilled, knowledgeable staff. Areas of training included mental health awareness, diabetes and dementia. The provider maintained an overview of training for all staff and said there were good opportunities to access training via the local authority. This meant staff skills were up to date to meet the needs of the people in their care. Communication between staff was effective. We saw staff continuously updated one another verbally as well as in regular staff meetings.

Staff understood people's individual dietary needs and personal food preferences which meant people were supported to maintain a balanced diet. People told us they grew some of their own vegetables and they showed us some tomatoes. People were fully involved in their meal preparation and they enjoyed sharing the cooking with others they lived with. Mealtimes were relaxed, sociable occasions with people's independence promoted well. People said they enjoyed the food and liked the way their choices were regarded. Comments included, "The food here is very good", "The staff cook dinner but I cook for myself at night" and "I don't cook, I just have a sandwich at night."

People were supported to maintain their good health through staff understanding their individual health needs and particular risks to their health, such as smoking. We saw one person was supported to attend a dental appointment with staff. There was close working with other professionals, such as psychiatrists and social workers to meet people's needs.

Rosebery House offered an enabling environment in which people accessed all shared rooms and their own room independently. The home had easy access to the garden area.



# Is the service caring?

## Our findings

People told us they felt cared for. Comments included:- "The staff care about what they are doing" "The staff are friendly" and "I get on with the staff most of the time".

Staff we spoke with emphasised Rosebery House was people's home and they showed respect for this throughout our observations. Staff said they enjoyed their work with the people and the care provided here would be good enough for themselves or their relatives.

The provider told us they promoted a family model of support and we saw this was very much a feature for the people who lived at the service. One person told us, "It's like my family." Another said, "It's one big family here."

People were supported by caring staff who involved and included them in all aspects of their care and staff respected people's decisions and choices. People's bedrooms were personalised with their own possessions and items of personal significance, such as photographs or evidence of their hobbies. In the lounge we saw there were photographs displayed and one person had their sporting medals on the wall.

Interaction between staff and people was caring and friendly. Staff took an interest in what people had to say and they supported their individual routines, such as any appointments they needed. People spontaneously showed affection to staff, through hugs, dancing and friendly banter and there was a lot of laughter in the home.

Positive caring relationships were developed through staff understanding people's needs and their personalities. Staff knew the people they supported and they emphasised the importance of ensuring people's privacy and dignity. Staff spoke with people respectfully and in tones of voice which suggested equality and fairness.

We saw care records were person centred and it was clear people had been consulted in all aspects of their care.

## Is the service responsive?

### Our findings

People and their relatives said the service was responsive to their needs.

One person told us they chose to live at Rosebery House based upon a series of visits to see if this was a suitable place for them to live. The provider told us there were detailed pre-admission assessments and we saw these were done and used to inform individual support plans.

Care was person-centred. People engaged in activities based upon their established routines and staff supported them to continue this. People were purposefully engaged and enjoyed being involved in the way the service was run. For example, people discussed what they would like to make for meals and they agreed together who should do each part of the tasks around this.

People enjoyed activities meaningful to them. Staff we spoke with said they promoted people's interests within the daily routine. For example, they showed us a leaflet brought by a one person about coach trips they were interested in. We saw how two people regularly visited a local café and another person visited a friend locally. A further person was being supported in caring for their pet cat. One person said, "I make my own beer. I listen to the radio a lot and have bought a freeview box for my room." Another person said "I visit my friend next door and see my family" and another person told us, "I sleep a lot and like to watch films."

Care records were person centred and the provider told us they were shared with each person. Some, although not all people we spoke with knew what was in their care records and said they could look at these at any time. Comments included: "They did ask me about what I wanted in my care plan" and "I don't know about my care plan" and "I get asked about what I want in my care plan". People told us and we saw records to show there were monthly review meetings with people to ensure their care was appropriate for their needs. People had signed to say they understood and had been involved in reviews of their care.

The provider consulted with people about all aspects of their care, both informally and through client surveys. People and relatives said they knew how to complain if they needed to, although said they were happy with the service. Records showed there had been no complaints since the last inspection.

## Is the service well-led?

### Our findings

People, relatives and staff told us they thought the service was well run. People told us the provider came to visit regularly. One person said, "[Provider's name] comes round a lot" and another person said "[Provider's name] is good at running the place. [They are] often here."

The registered person also managed the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw the registered person was very visible in the service. This helped to create a positive, person-centred culture and demonstrated good management and leadership. People told us they were involved in regular meetings and their views were valued.

There were clear systems to drive, deliver and assure quality care for people. The provider had oversight of the service delivery through their involvement of people's care and knowledge of staff's abilities to deliver the care to a high standard. The quality of the service was monitored through regular audits from which the service reflected and made improvements as needed.

Policies and procedures were detailed and we saw evidence the provider kept up to date with new legislation affecting their registration. There were regular reviews of policies and procedures, although it was not always clear which policy had been reviewed when. The provider said they were confident all information was up to date but agreed to re-check to make sure each policy was current and valid.

The staff emphasised the importance of working in partnership with others involved in people's care, such as families and other professionals.

The registered person had completed a detailed provider information return (PIR) which accurately identified the strengths of the service and the areas to improve. Our inspection of the service found clear evidence of practice which matched the information contained in the PIR.